

ARTS PROJECT GRANT PROGRAM

APPLICATION

APPLICANT INFORMATION

Add Zip Emc We App PROJE Please, 1. Prov Proj Day Emc	plicant name	
Zip Emc We App PROJE Please, 1. Prov Proj Day Emc	plicant's Federal Identification or Social Security Number:	
PROJE Please, Proj Day Emc	aileb address	
PROJE Please, Proj Proj Day	plicant's Federal Identification or Social Security Number:	
PROJE Please, 1. Prov Proj Day Emc	plicant's Federal Identification or Social Security Number:	
PROJECT Please, 1. Propropropropropropropropropropropropropr	consult the evaluation criteria outlined in the guidelines. by ovide a brief descriptive title for the project:	
Please, 1. Prov Proj Day Emc	consult the evaluation criteria outlined in the guidelines.	
1. Prov Proj Day Emc	ovide a brief descriptive title for the project:	
Proj Day Emc	pject director or contact person for this project/activity	
Proj Day Emc	pject director or contact person for this project/activity	
Day Emc		
Emc	ytime telephone number:	
Proj	ail address:	
	pject/activity dates: Beginning dateEnding date	
2. Tota	ral project cost: \$	
Amo	The Arts Project Grant program has a matching fund requirement. Funding requests should include at least a 1: (For example: a \$2,000 project would have a \$1,000 grant request and at least \$1,000 match from the applicant.) support for the applicant's match portion is capped at 50% of the matching funds.	
3. Prov	ovide a one-paragraph narrative that summarizes your proposed project. (Limit answer to 75 words or few	er.)
Adn	mission charges, if any:	
	e the facilities, programs, performances and exhibitions accessible to persons with disabilities as defined in pericans with Disabilities Act?	the
	Yes No	

4. Describe how your organization will utilize Arts Project Grant Program funding for your proposed project. (Limit answer to 75 words or fewer.)
5. Describe the primary artists, persons and/or groups involved in the implementation of the project or activity and explain their roles. (Limit answer to 150 words or fewer.)
6. How will your proposed project demonstrate artistic quality? Please, address the criteria listed in the guidelines. (Limit answer to 150 words or fewer.)
7. How will your proposed project impact the community? Please, address the criteria listed in the guidelines, and be sure to include both the expected number of people to benefit from your proposed project, and specifically how they will benefit. Who is your target audience, and what is the relevance or importance of this project to the community? (Limit answer to 150 words or fewer.)

8. Please, explain how the project will be successfully carried out, including your organization's demonstrated capacity to provide successful programming. (Limit answer to 50 words or fewer.)
9. Outline the timeline for completion of the proposed project.

FINANCIAL IN 1. CITY OF BLOduring the past to	OMINGTON SUPPO	RT. List cash or in-kind fun	ding received by the applicant f	rom the City of Bloomingtor
FINANCIAL IN	FORMATION			
13. If this is a newords or fewer.		vidence your organization	n has the capacity to make it suc	cessful. (Limit answer to 50
12. If this projec fewer.)	t has been done befo	ore, have any changes or i	improvements been made? (Limit	answer to 50 words or
· · · · - · · · · · · · · · · · · · · ·				
11 Explain any	evaluation methods	or measures that will be ex	mployed. (Limit answer to 50 wo	rds or fewer)

\$

\$

2. ACTIVITY BUDGET

INCOME SUMMARY

Provide a budget income summary for your proposed activity.

NOTE: The Arts Project Grant program has a matching fund requirement. Funding requests should include at least a 1:1 match. (For example a \$2,000 project would have a \$1,000 grant request and a \$1,000 match from the applicant.) In-kind support for the match is capped at 50% of the matching funds (in the previous example the in-kind support would be capped at \$500.)

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REVENUE	
1. Admissions	\$
2. Contracted Services	\$
3. Other Revenue	\$
DONATIONS & GRANTS	·
4. Corporate support	\$
5. Foundation support	\$
6. Other private support	\$
7. Government support	\$
7a. Federal	\$
7b. State	\$
OTHER INCOME	
8. Applicant cash	\$
9. Other (specify)	\$
INCOME TOTALS	
10. Total cash income (add lines 1-9)	\$
11. Total in-kind contributions	\$
12. Arts Project Grant Fund Request	\$
TOTAL PROJECT INCOME (add lines 10-12)	\$

EXPENSE SUMMARY

Provide a budget expense summary for your proposed activity.

EXPENSE CATEGORY	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10. Total in-kind expenses	\$
TOTAL PROJECT EXPENDITURES (add lines 1-10)	\$

ASSURANCES

The Primary Applicant assures The City of Bloomington Arts Commission that:

- 1. The activities and services for which assistance is sought will be administered by or under the supervision of the Primary Applicant.
- 2. The filing of this application has been duly authorized as appropriate by the governing body of the Applicant organization.
- 3. The Applicant will expend funds received as a result of this application solely for the described project or program.
- 4. Submission of this application signifies intention of compliance with Title VI of the Civil Rights Act of 1964, Labor Standards under Section 5(1) of the National Foundation of the Arts and Humanities Act of 1965, the Rehabilitation Act of 1973, Title III of the Age Discrimination Act of 1975, Title IX of the Education Amendments, the Americans with Disabilities Act and the Civil Rights Act of 1991, and all other applicable federal, state and local laws.

Applicant's Primary Contact	Date	
Signed by		
Printed Name	Title	_
Applicant's Chief Fiscal Official	Date	
Signed by		
Printed Name	Title	
Director for this project/activity	Date	
(if different from primary contact)		
Signed by		
Printed Name	Title	

Submission of a signed grant application means acceptance of responsibility for having read and understood the information in these guidelines, and compliance with all rules, regulations, laws, terms and conditions described in this document.

Application Deadline is 5:00 p.m. on either April 1 or October 1.

Completed applications should be submitted to:

Miah Michaelsen
Assistant Economic Development Director for the Arts
401 N. Morton St., Suite 130
Bloomington, IN 47404
michaelm@bloomington.in.gov

Applications and the required supplemental materials may be submitted **in person**, through **regular mail**, or via **e-mail** by 5:00 p.m. of the appropriate Project Period deadline (April 1 or October 1). If submitting in person or through regular mail, submit the **original** application only (no copies are necessary).